



Manufactured Home Permit Application
Community Development Department
 3100 Belmont Ave, West Richland WA. 99353
 (509) 967-5902 Fax (509) 967-2419

PROPERTY OWNER INFORMATION

OWNER NAME:		
Project Owner's Mailing Address / City / State / Zip		Phone Number
Fax Number	Cell Number	Email
Authorized Agent (if different from Property Owner)		Phone Number
Primary Contact:	Phone Number	Email

PROPERTY INFORMATION AND LOCATION

JOBSITE ADDRESS			
Tax Parcel #	Subdivision	Lot #	Block
Lender Information – required for projects over \$5000 in valuation per RCW 19.27.095 If a lender or bond company is <u>not</u> loaning monies on this project, please check here: <input type="checkbox"/>			
LENDING INSTITUTION:		Phone number:	
Address / City / State / Zip			

GENERAL CONTRACTOR INFORMATION

COMPANY NAME:		UBI #	City Business License Yes <input type="checkbox"/> No <input type="checkbox"/>
Address / City / State / Zip		Phone Number	
Fax Number	Cell Number	Email	
ARCHITECT (if applicable)		Phone Number	Fax Number
Address / City / State / Zip		Email	
ENGINEER (if applicable)		Phone Number	Fax Number
Address / City / State / Zip		Email	

MANUFACTURED HOME INFORMATION

Year:	Make:	Model:
Size:	Serial Number (Complete & Full # Required)	Current Value:
Moved From Address / County/ City/ State	Purchase Date:	Date Moved:

Accessory Structure Information (i.e. Deck, Covered Patio, etc.)		FOR OFFICE USE ONLY Permit # Initials
Structure Use:	Size:	
Structure Use:	Size:	
Structure Use:	Size:	

TYPE OF SEWER SERVICE: City Sewer Private Septic (Requires Approval From Benton Franklin Health Dist.)

DUST CONTROL PLAN

I, _____, hereby certify that I am the applicant (or his/her authorized representative) for a building and/or construction activity located at: _____

24-hour contact for Dust Control issues: _____ Phone _____

I am familiar with the requirements of West Richland Municipal Code, Section 8.18.020, Causing or maintaining a nuisance. Any person, firm or corporation who shall disturb, excavate, grade plow, or remove the top soil of any land area, or permit or direct the same, within the City of West Richland, for any purpose, without taking reasonable affirmative measures to suppress and minimize the blow and scattering of dust, shall be determined to have committed a misdemeanor.

Check one or more and provide detailed explanation:

- Water Sprinklers (i.e.. hose and sprinkler, handlines) Water Sprinkler Truck Hydro seeding
- Chemical/Physical Soil Binder Other (specify in detail) _____

SUBCONTRACTORS (All subcontractors must have a West Richland Business License)

	COMPANY / CONTACT INFO	UBI#
Excavation		
Foundation		
Plumbing		
Mechanical		
Framing		
Insulation		
Drywall		
Electrical		

I authorize employees and officials of the City of West Richland the right to enter and remain on the property in question to determine whether a permit should be issued and whether special conditions should be placed on any issued permit. I have the legal authority to grant such access to the property in question.

I also acknowledge that if a permit is issued for land development activities, no terms of the permit can be violated without further approval by the permitting entity. I understand that the granting of a permit does not authorize anyone to violate in any way any federal, state, or local law/regulation pertaining to development activities associated with a permit.

I hereby certify under penalty of perjury under the laws of the State of Washington that the following is true and correct:

1. I have read and examined this permit application and have documented all applicable requirements on the site plan.
2. The information provided in this application contains no misstatement of fact.
3. I am the owner(s), the authorized agent(s) of the owner(s) of the above referenced property, or I am currently a licensed contractor or specialty contractor under Chapter 18.27 RCW or I am exempt from the requirements of the Chapter 18.27 RCW.
4. I understand this permit is subject to all other local, state, and federal regulations.

Note: This application will not be processed unless the above certification is endorsed by an authorized agent of the owner(s) of the property in question and/or the owner(s) themselves. If the City of West Richland has reason to believe that erroneous information has been supplied by an authorized agent of the owner(s) of the property in question and/or by the owner(s) themselves, processing of the application may be suspended.

Printed Name: _____

Signature: _____ Date _____